IRB NUMBER: xxxxxxxxxxxxxxx

LOYOLA UNIVERSITY CHICAGO, MAYWOOD, ILLINOIS
MARCELLA NIEHOFF SCHOOL OF NURSING
in cooperation with
Maywood Youth Mentoring Program, Inc.

PARENT/GUARDIAN CONSENT

PROJECT TITLE: *Be Proud, Be Responsible!*

Community Workshop on HIV Prevention and reduction of risky behaviors and unplanned pregnancy

Participant's (Youth) Name: _____

As a parent or guardian of a minor you are asked to read and sign this form, consenting for your child's participation in the *Be Proud, Be Responsible!* program.

Taking part in this program/study is entirely voluntary. Your child may withdraw from the study at any time without anyone objecting.

PURPOSE OF STUDY:
1. To provide youth with information on HIV and risky health behaviors,
2. To evaluate the feasibility and acceptability of implementing this program model (endorsed by the Center for Disease Control) in a community summer youth program.

DESCRIPTION AND EXPLANATION OF PROCEDURES:
The program consists of **4 two-hour** educational sessions delivered in a group setting with both male and female adolescents, ages 11 to 17. A pre and post questionnaire will be used to assess before and after intervention knowledge, attitudes, and intentions. Approximately 15-20 adolescents will participate in this study. There is little to no risk associated with this program. All adolescents will be asked to maintain complete confidentiality and not to discuss any participant's sensitive information outside of the program sessions.
A $20.00 gift card (Target) will be awarded to all youth who complete all sessions and program information.

BENEFITS:
This program will enrich knowledge and provide information to facilitate healthy and safe decisions regarding adolescent sexual health. It may also have significant impact on improving communication and relationships between the community and youth.

INFORMATION COLLECTED AND WHAT WILL HAPPEN TO IT:

In order to evaluate this program/study we will collect information on your child by way of a pre/post questionnaire. The information will be collected by Michele Knappe, RN, the project coordinator. Information will be confidential. Your child's name will not be shared. A code will be provided to keep questionnaire responses anonymous. The information collected includes participant attitudes and demographics. The information collected will be submitted to a statistician upon completion of the program/study for statistical analysis.

The results of this study may be published in a journal for the purpose of advancing medical knowledge. As indicated, your child will not be identified by name or by any other identifying information in any publication or report about this study.

CONSENT

Your signature below indicates that you have discussed the requirements of this program with your child and are allowing your child to participate in this program/study and agree to the use and disclosure of information as described above. You will receive a signed copy of this consent document. You have been fully informed of the above-described study with its possible benefits and little to no risk.

Name of Youth Participant_____ **Age**_____
(please print)

Name of Parent/Guardian: _____

_____Date:_____
(Signature: Parent/Guardian)

Michele Knappe, RN, who is the program coordinator for this study, or Dr. Vicki Keough will be available to answer any questions you may have. They can be reached at: 708-216-9101. Or for more information regarding the scheduling of this program, contact Barbara D. Cole, Director, Maywood Youth Mentoring Program, Inc. at 708-344-3577.